This form may be completed online, printed and mailed to the address below. Attachment A

STATE OF NEBRASKA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
REGULATION AND LICENSURE - Credentialing Division
P.O. Box 94986, Lincoln, Nebraska 68509-4986
402-471-2117

Application for a Massage Therapy Establishment License or a Change in the License

Please Type or Print Clearly
It is your responsibility to submit or request to have submitted all required supporting documents. Failure to do so could result in a delay in processing your application.

SECTION A - GENERAL INFORMATION (All applicants must complete this section)				
1	Current Name of Establishment:			
	New Name of Establishment:			
2	Current Address:	Street/PO/Route:		
		City:	State:	Zip:
	New Address:	Street/PO/Route:		
		City:	State:	Zip:
3	Telephone Number:			
4	Owner(s) Name:			

SECTION B – OPERATION INFORMATION (All applicants must complete this section)

You must have a licensed massage therapist employed in order to qualify for licensure.

1. List below the Name and License Number of Massage Therapist(s) Who Will Be Working in the Massage Therapy Establishment:

Name:	First:	Middle/MI:	Last:	License/Temp #:
Name:	First:	Middle/MI:	Last:	License/Temp #:
Name:	First:	Middle/MI:	Last:	License/Temp #:
Name:	First:	Middle/MI:	Last:	License/Temp #:

2. Hours of Operation for the Establishment (list below the hours open each day).

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

3. What is the Anticipated **Opening Date** or effective date of a **Change in Name/Owner**? Date: _____

Please allow up to 60 days for inspection, the inspector will contact you by telephone and set up an inspection date/time.

NOTE: Licenses expire November 1st of odd numbered years.

For Office Use Only:	For Office Use Only:
Inspector Assigned:_____	License #: _____ Date Issued: _____

SECTION C – HEALTH INFORMATION RELATING TO MASSAGE THERAPIST (All applicants must complete this section)

		Yes	No
1	Are all the licensed massage therapists who will be working in the establishment identified on this application free of contagious and infectious disease?	❒	❒
	If no, please explain:		

SECTION D – APPLICATION CATEGORY (All applicants must complete this section)

FEE: $50.00 or $25.00 dollars if your license is issued within 180 days of the renewal

❒ NEW ESTABLISHMENT **(Requires Successful Inspection Prior to Opening)**

FEE: $10.00

❒ CHANGE IN OWNER

Name of Previous Owner:

Are there Structural Changes:	Yes	No
	❒	❒

FEE: $10.00

❒ CHANGE IN NAME

Previous Name:

FEE: $50.00

❒ CHANGE IN LOCATION **(Required Successful Inspection Prior to Opening)**

Previous Address:	Street/PO/Route:		
	City:	State:	Zip:

Do you plan to close the previous location listed above:	Yes	No
	❒	❒

If yes, what is the effective date of such closing:

Make fee payable to "Credentialing Division"

SECTION E – OWNER'S ATTESTATION (this must be completed by the owner of the establishment) An individual who practices prior to issuance of a credential is subject to assessment of an Administrative Penalty of $10 per day up to $1,000, or such other action as provided in the statutes and regulations governing the credential.

I hereby state that I am the owner and person making application, I am of good moral character, and the statements on this application are true and complete.
I further state that **(THESE QUESTIONS DO NOT RELATE TO NAME OR OWNER CHANGES):**

❒ I have not operated this establishment in Nebraska prior to this application for licensure; **or**
❒ I have operated this establishment prior this application for licensure:

____ number of days in Nebraska prior to July 1, 2004

____ number of days in Nebraska after July 1, 2004

_____
(Signature of Applicant)

_____ date